

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214536247				
1.) CORPORATION NAME: <b>Bridgewater's Salon &amp; Spa, Inc.</b>		DUE DATE: <b>6/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>EMILY R ALLMOND-FLIPPIN PO BOX 497 WHITE MARSH, VA</b>		SCC ID NO: <b>02433704</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>GLOUCESTER COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">15,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	15,000
CLASS	AUTHORIZED					
COMMON	15,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6661 HICKORY FORK ROAD  CITY/ST/ZIP: HAYES, VA 23072						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: EMILY ALLMOND FLIPPIN TITLE: PRESIDENT ADDRESS: 6523 ALLMONDSVILLE RD CITY/ST/ZIP/CO: GLOUCESTER, VA 23061		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ EMILY ALLMOND FLIPPIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EMILY ALLMOND FLIPPIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/21/2014 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						